

**USDA-FOREST SERVICE
LAW ENFORCEMENT AND INVESTIGATIONS
RIDE-ALONG PROGRAM
ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT**

The undersigned has made a voluntary request to ride as a guest in a vehicle assigned to the United States Department of Agriculture, Forest Service (Forest Service) and to accompany a member or members of the Forest Service Law Enforcement and Investigations (LEI) Staff during the performance of their official duties.

Assumption of Risk

The undersigned is aware that the work of LEI personnel is inherently dangerous and that he/she may be subjected to the risk of death, personal injury, or damage to his/her property by accompanying a member or members of the LEI Staff during the performance of their official duties. The undersigned voluntarily assumes the risk of death, personal injury, and property damage arising from or in any way connected with riding along in an LEI vehicle, including but not limited to the death, personal injury, and property damage caused by the use of weapons, the exchange of gunfire, the risk of high-speed travel or pursuit, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, use of force, explosions, gas, electrocution or the escape of radioactive substances while accompanying a member or members of the LEI Staff during the performance of their official duties.

Waiver of Liability

The undersigned hereby agrees that the United States and its officers, agents, and employees shall not be liable to the undersigned or his/her estate, heirs, or assignees for the death of, personal injury to, or property damage sustained by the undersigned as a result of negligence of an officer, agent, or employee of the United States while the undersigned is accompanying a member or members of the LEI Staff during the performance of their official duties.

Hold Harmless and Indemnity

The undersigned and his/her estate, heirs, and assignees shall hold harmless and indemnify the United States and its officers, agents, and employees for any injury, loss, or damage the United States may suffer as a result of claims, demands, losses, or judgments, other than those caused by the negligence of the United States or its officers, agents, or employees, arising in connection with the undersigned's accompanying any member or members of the LEI Staff during the performance of their official duties.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0170. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service. The collection of this information is authorized by Privacy Act System of Records USDA/FS-33 – Law Enforcement and Investigation Records.

THE RIDER MUST COMPLETE THE FOLLOWING IN HIS/HER OWN HANDWRITING:

Have you read this form in its entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that by signing this form you are agreeing (1) to assume all risk of death, personal injury, and property damage, (2) to waive all claims against the United States for negligence, and (3) to pay the cost of defending the United States in any lawsuit and to pay any damages incurred by the United States in any lawsuit, other than those caused by the negligence of the United States, arising in connection with your accompanying any member or members of the LEI Staff during the performance of their official duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the reason you are requesting this ride?

Applicant 21 Years of Age or Older

Signature _____ Date

Print Name of Applicant

Applicant Under 21 Years of Age (signature of parent/legal guardian required)

Signature of Rider _____ Date _____ Signature of Parent/Legal Guardian _____ Date

Print Name of Rider

Print name of Parent/Legal Guardian

WITNESS/USDA-FOREST SERVICE APPROVAL

Signature of Witness/Assigned Officer _____ Date _____ Signature of Witness/Assigned Officer _____ Date

Print Name of Witness/Assigned Officer

Signature of Immediate Supervisor _____ Date

Print Name of Immediate Supervisor